



## IMMIGRATION AND CITIZENSHIP INITIAL DECLARATION FORM

The following form must be completed for each adult and child applying for Medicaid. In the case of a group applying for Food Stamps and/or TANF, the form must be filled out for each adult and child who generally is required to be in a Food Stamp and/or TANF assistance unit.

The form must be signed by the head of the group or the individual filing the application on behalf of the group.

To be eligible for TANF, Food Stamps, or Medicaid (other than emergency Medicaid services), individuals must be a U.S. citizen, U.S. national (generally someone born in American Samoa or Swain's Island) OR fit into one of the following categories:

***Lawful Permanent Resident (LPR):*** Person granted LPR status

***Refugee:*** Person admitted as a refugee

***Asylee:*** Person granted asylum

***Granted Withholding of Removal (formerly: Withholding of Deportation):*** Person whose removal/deportation was withheld.

***Granted Cancellation of Removal:*** Person whose removal/deportation has been cancelled.

***Parolee for a year or more:*** Person who has been paroled into the U.S. for at least one year

***Cuban and Haitian Entrant:*** Person paroled into the U.S. as a Cuban or Haitian Entrant or any other national from Cuba or Haiti who is the subject of exclusion or removal proceedings or who has an application for asylum pending

***Domestic Violence Victims and their parents or children:*** Regardless of an individual's immigration status, a victim of domestic violence or his/her parent or child may be eligible for benefits if:

- o the immigrant has been battered or subjected to extreme cruelty, or immigrant's child or parent has been battered, by a spouse, parent, or member of the household;
- o the immigrant has a pending or approved spousal petition or a petition pending for relief under the Violence Against Women Act; **and**
- o the immigrant's need for assistance has a substantial connection to the battery or cruelty.

***Victim of Severe Forms of Trafficking in Persons:*** Person determined by the Office of Refugee Resettlement to be trafficking victim.

***Native American Exception:*** American Indians born in Canada and certain other tribal members born outside the U.S. are eligible for FS and Medicaid. If such an individual does not otherwise meet the definition of 'qualified,' they are not eligible for TANF or GC.

***Hmong and Laotian Exception:*** Some lawfully present immigrants who would otherwise be ineligible for FS are eligible if they were a member of a Hmong or Laotian tribe when the tribe rendered assistance to U.S. military personnel during the Vietnam era. The spouse, unmarried dependent child, and the surviving spouse (who has not remarried) of such an immigrant also are eligible for FS.

***SSI Recipient:*** Any immigrant receiving SSI is eligible for Medicaid.

I attest, under penalty of perjury, that the following information is accurate:

Name	U.S. Citizen or National  Place an X in this box if you are a U.S. Citizen or National.	Not a U.S. Citizen or National; Immigration Status MATCHES one of those listed above  Please write in this space your <b>current</b> immigration status – such as “Refugee” or “Lawful Permanent Resident (LPR)” – from the list above, and any <b>previous</b> status you held that matches one of those listed above.	Not a U.S. Citizen or National; Immigration Status does NOT match one of those listed above  Place an X in this box if you meet these criteria.

I understand that:

- if I attest that a household member is not a U.S. citizen or national and that his/her immigration status MATCHES one of the categories listed above, the Department of Human Services will verify the household member’s immigration status with the Immigration and Naturalization Service.
- if I attest that a household member is not a U.S. citizen or national and that his/her immigration status does NOT fit one of the categories listed above, the Department of Human Services will make NO further inquiries about his/her immigration status with the Immigration and Naturalization Service. I understand that non-citizens whose immigration status does not match one of the categories listed above are ineligible for TANF and Food Stamps. I also understand that non-citizens whose immigration status does not match one of the categories listed above are ineligible for Medicaid *except* for emergency services provided under the Emergency Medicaid program. I understand that other members of the household may be eligible for TANF, Food Stamp, and full Medicaid benefits based on their own citizenship or immigration status.

Signature of Adult Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 4/03